

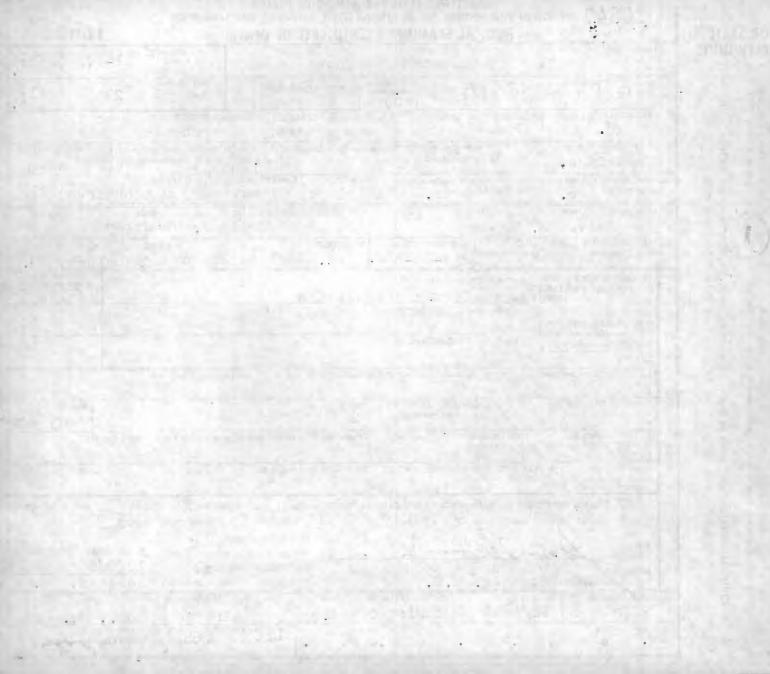
1	1		MAKTLANI IVISION OF VITAL RECORDS,	D STATE DEPARTMEN 301 W. PRESTON STREET		AND 21201	
		15845	•	ERTIFICATE OF DE	· ·		15860
funeral ss I and 2 ffer death.		YPE OF PRINT) LYDI LYDI	Middle A TALL	BRAMBIE	2a. DATE OF DEA		2b. HOUR
in by the fun fs. Propes I hours after o	3. SE	Female	4. RACE White	S. DATE OF BIRTH	, 1893	75 YRS. MON	UNGER I YEAR IF UNGER 24 HRS. ITH'S DAYS HOURS MIN.
d in by	caun	Maryland	o, citizen of what country? USA	8. MARRIED 🔀 NEVER MARRIED WIDOWED 🗆 DIVORCED	Dorches	iter	Md.
cian and completely filled in lease realove carbon paper and in any event, within 72		Cambridge	11. NAME OF HOSPITAL OR INS give street address) Cambridge Md	. Hospital	12a. USUAL OCCUPATION (Kin during most of warking life, HOUSEWLIE	even if retired.)	2b. KIND OF BUSINESS OR INDUSTRY Home
60 car event,	13a. admi	USUAL RESIDENCE (Where deceosed ssion) STATE Maryland	lived, if institution: Residence before 13b. COUNTYDorchester	10.0	INSIDE CITY LIMITS? 13e. STREET 606	AND NUMBER Bayly Road	d
din any	14. F	ATHER'S NAME First Charles	Middle Lost	1S. MOTHER'S MAIDEN	N NAME First Loui.se	Middle Bloc	odsworth
val an		was DECEASED EVER IN U.S. ARMED es, no, ar unknown) (If yes give work INO		0. 17. INFORMANT LeCompte F	uneral Servic	Address ce records	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
JRECTOR: After this certificate has been signed by the attending physical should be defached for use as the burial-transit permit. Then pled with the State Dept. of Health prior to burial, cremation, ar remayal,			DUE TO, OR AS A CONSEQUENCE OF (b) ARTE DUE TO, OR AS A CONSEQUENCE OF (c) TIONS CONTRIBUTING TO DEATH BUT NO	RIOSCER			& PAYS
use as the alth prior	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NOTION FOR WHICH OPERATION WAS PER	YES 🗔	NO CAUSES OF I		
etached far Dept. af He	MEDICAL	or contributing cause of ceath	HOUR A.M. Manth Day Year				aunty State
ok: Aller lauld be d h the State		220. I certify that (I) (this saw the deceased aliv causes stated abave, (hospitol) ottended the deceose e on	d from Nov 3 9 6 , ond that in (my) (oody after death.	, 1968, to Mo aur) opinion deoth occu		
for the state of t		22b. SIGNATURE COLFUEL R. 22d. PHYSICIAN AME (Type) ALFR	manyanni ED R. MAR)	DEGREE PHYS. 22e. ADDRESS	DIRECTOR PH		25/61
director, should b	23a.	BURIAL, CREMATION, 23b. DA REMOVAL (Specify)	TE 23c. NAME OF I	CEMETERY OR CREMATORY ester Memorial	23d. LOCATION (C	ity or Town) (I oridge, Ma:	Caunty) (State)
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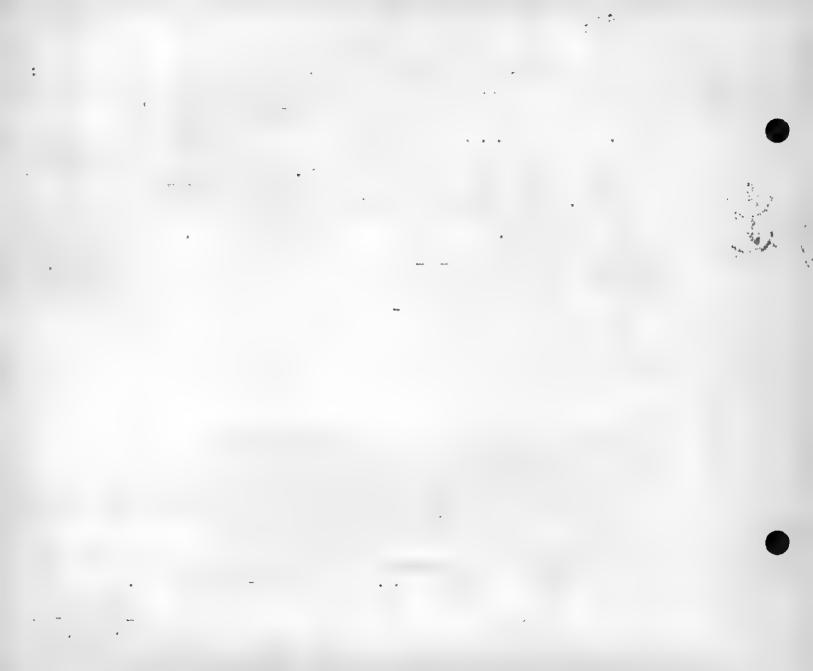
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15847 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15862 I. DECEASED-NAME First Middle 20. DATE KNOWNER (Type or Print) ESTI-Cecil 2, and PM3. Page Emerson Brown with the State Department of DEATH MATED 5. DATE OF BIRTH 10/31/1908 IF UNDER 1 YEAR 3. SEX 4. RACE 6. AGE (In years last birthday) IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Negro Male Doy 27 60 YRS 7o. BIRTHPLACE (State or foreign MARRIED XNEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) Md. USA Dorchester WIDOWED DIVORCED [7 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done | 12b. KIND OF BUSINESS OR give street address) R HI) during most of working life, even if retired.)
Laborer Cambridge. INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? death. 13e STREET AND NUMBER odmission) STATE 13b. COUNTY Md. Dor. Cambridge RFD 2 (Cordtown) YES NOT 14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Steven H. Brown Emily J. Wheatley hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS RFD 2 16b. SOCIAL SECURITY NO. 17. INFORMANT This certificate should be executed within (Yes, no, or unknown) 217-10-8672 Mrs. Violena Brown Cambridge, Md. File should be forwarded to the Chief Medical Exa within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Instant event DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE DE stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6/ 03 burial, cremotion, or removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [NO IX 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year HOUR A M PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHITE NOT WHITE 22a. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my apinian death resulted from: Natural couses XX , Accident , Suicide , Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 12/2/68 5 may be DEPUTY MEDICAL EXAMINER John Mage Jr. M.D ADDRESS(Street, city, town, or county) Cambridge. Md. the 23c. NAME OF CEMETERY OR CREMATORY 230. BURNAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) REMOVAL (Specify) Christ Cemetery Airev's ADDRESS 24. FUNERAL DIRECTOR 250 DECA BY REGISTRAS 68 25b. REGISTRAS'S SIGNATURE Clair Funeral Est. Cambridge, VR A15ME (5

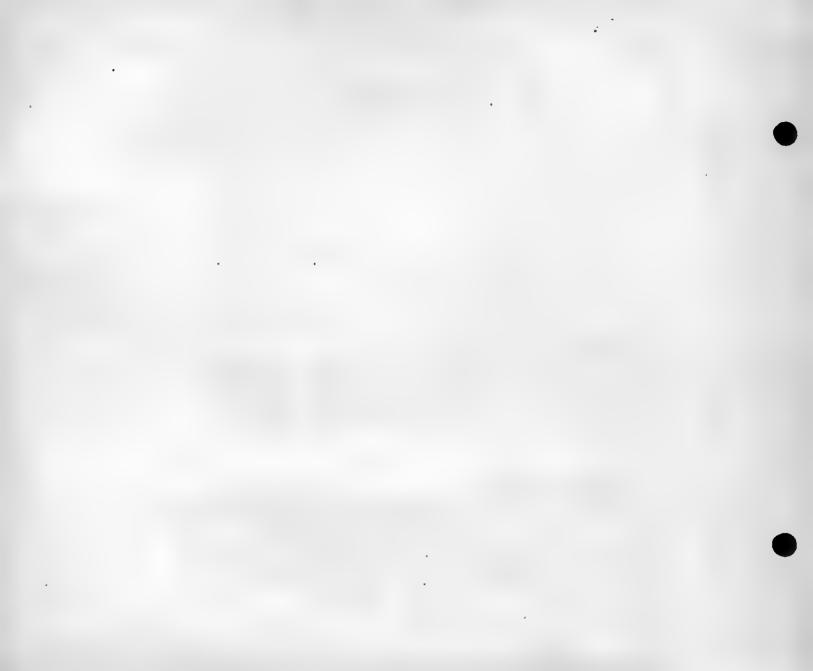
MAKTLAND STATE DEPARTMENT OF HEALTH







MARYLAND STATE DEPARTMENT OF HEALTH



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	15.50
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED NAME Frst Middle Lost 20 DATE KNOWNE Month D	Doy Year 24 HOUR
of de of	{1	Type or Print) Gilbert Edward Cooper DEATH MATED 11-2	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
P 3.9	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE, in yours if UNDER YEAR IF UNDER 24 HIS 2c. DATE PRONOUNCED DEAD	2 HOUR
ny deloy is 2, and 3 to PM3. Page partment of		Male Nesto 10/22/1913 (ST MONTH) DAYS MOURS MIN Month 11 Day 27	Year 68 18:4
	7a I	BIRTHPLACE (State or foreign 75 Offizer OF WHAT COUNTRY? IS MARRIED TRIEVER MARRIED 1 9 COUNTY OF DEATH	
- E &	coun	Md. USA WIDOWED DIVORCED Dorchester	WH
h forts		ITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITLTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 1:	26 KIND OF BUSINESS OR
after deathny deloy is 8 Give Pages 1, 2, and 3 to along with form PM3. Page with the State-Derpartment of leath.	Ca	imbridge Swe treet oddress Ind. Hosp. during most of working life, even fretired Ind. Hosp. Laborer Laborer Ind. Hosp. Laborer Ind. Hosp. Ind	NDUSTRY
Give Ship and the that the that the that the the the the the the the the the th	13a.	USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c. CITY OR TOWN 13d MISIDE CITY LIMITS? 13e STREET AND NUMBER	
	. 0	dmission) STATE IId. 13b (OUNTY Dor. Cambridge YESENO 513 Oakley S.	t.
	14. F	ATHER'S NAME FIRST Middle Lost IS MOTHER'S MAIDEN NAME FIRST Middle	Lost
n Tabou fin Item iers Offi ges Ione ours afte		Henry G. Cooper Ella Cornish	
hin an notice of the poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT ADDRESS	
within pendical pendi	(Y	(es, no, or unknown) (fyes give wor or doles of service, 214-12-5358 Lavenia Travers Cambrid e	d.
ixecuted without in permit in permit. File permit. File it within 72		18. CAUSE OF DEATH (Enter only one couse per tine far (d), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
oute rate		PART L DEATH WAS CAUSED BY COronary occlusion	15 mins.
mdir Mac		FT 107 DUE TO. OR AS A CONSEQUENCE OF	
be in insit		Conditions, if any, which gave	
E E C C C C C C C C C C C C C C C C C C		rise to immediate cause (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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the the d to d build bui		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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writh write write was was well seed seed seed	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
te, for	TIFIC	WAS PERFORMED?	YES NOTE
#= 2 0	CER	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY TOR CONTRIBUTING HOUR A.M. 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	1 8)
IER: certi noulc les. shou tion,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19	
	ME	21d INJURY OCCURRED 21e. PLACE OF NURY (At home, form, street, white more white factory, affice building, etc.) 21f. LOCATION Street or R.F.D. No City or Town	County State
XAN The the the the the the the the the the t		WHILE NOT WHILE I IDCTORY, OTTICE BUILDING, etc.)	
SICAL EXAMINER: se execute the certification. Page 4 should ned for your files. ECTOR: Page 3 should buriol, cremotion,		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry ,	and in my opinian
CT ed 1.		death resulted fram: Natural causes 🔀 , Accident 🗍 , Suicide 🗍 , Hamicide 🗍 Undetermined manner	
please explication. retained DIRECTO Or to bur		CHIEF MEDICA, EXAMINER	
ITY DICA ITY, please e erol director be retained RAL DIRECTOR		ACTUAL SIGNATURE	
Sory Sory Inner / be / be		DEPUTY MEDICAL EXAMINER 12/2/	
necessory, please execute the funerol director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to buriol, crem		NAME (Type) John Mace Jr. M.D. ADDRESS(Street, city, fown, or county) Cambrid,	ge, Md.
ちゃきゃるまり	23a	No control of the con	Caunty) (State)
Car		Surial 12/1/68 Mt.Zion Cemetary Church Greek.	Dor Md
14/		FUNERAL DIRECTOR ADDRESS 4250 REGISTRAR 256 REGISTRAR 256 REGISTRAR 5 SIG	GNATURE
VR A15ME (5) \\ 10M REV 1/68	S	st. Clair Funeral 1-st. Cambridge, d. DEC 4 1968 Kellanda	y Judge.

MAKYLAND STATE DEPARTMENT OF HEALTH



1		E DEPARYMENT OF HEALTH PRESTON STREET, BALTIMORE, MARYLAND 21201	
ATE		R'S CERTIFICATE OF DEATH	1005:
	DECEASED NAME First Middle (Type or Print) MIRIAM	Lost 20 DATE KNOWN	Month Doy Yeor 2b HOUR 1/26 1968 9 105 M
3 . Jo	F WHITE 1896? 7. BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY?	SE (in years of JMDER 1 YEAR F JMDER 24 HRS 2c DATE PRONOUNCED D 1 birthday) Month's DAYS HOURS MIN 2c DATE PRONOUNCED D 2 3 YRS NARRIED NEVER MARRIED 9 COUNTY OF DEATH	
with with	CAMPBARGE give street oddress)	WIDOWED DIVORCED DORCHESTE NST TUTION (If not in hospital 120 LSUAL OCCUPATION (Kind of work during most of working life, even if ret UNKNOWN 131, CHTY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET AND NUMBER R.D.	done 12b KIND OF BUSINESS OR INDUSTRY
after after	FATHER'S NAME First Middle Lost JAMES H. COWGILL	IS MOTHER'S MAIDEN NAME First Middle ELIZA	HARRINGTON
요작	WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give well or dates of service) (UNKNOWN	NO 17. INFORMANT ADDRESS RECORDS-EASTERN SHORE STATE	
burial-transit permit. File In any event within 72	18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMUDIATE CAUSE (a) TERMINAL Pr DUE TO, OR AS A CONSEQUENCE O Conditions, fony, which gove rise to immediate cause (a). (b) FRACTURE N	NEUMONIA	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH 1 WEEK 23 DAYS
pup	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE Of lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		
ar remaval,	196. DATE OF OPERATION 195. CONDITION FOR WAS PERFORMED	7	20. AUTOPSY? YES NO X
	PRIMARY OR CONTRIBUTING TO HOUR A.M. 11/3/68 CAUSE OF DEATH 19	or 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Pi FELL IN HOSPITAL	ort 2, Item 18)
	2 d INJURY OCCURRED WHOLE MOT WHILE AT WORK A	21f LOCATION Street or RFD No C.ty or Town CAMBRIDGE	Dor . MD .
To FUNERAL DIRECTOR: Page Health prior to burial, crem	220. I certify that I took charge of the remains described death resulted from Notural couses , Accident ACTUAL SIGNATURE EXAMINERS DR. JOHN MACE, JR. BURIAL, (REMATION, PREMOVAL (SUBERTY) ACTUAL SIGNATURE (REMATION, PREMOVAL (SUBERTY) ACTUAL STATE (SUBERTY) ACTUAL STATE (SUBERTY) ADDITIONAL DIRECTOR ADDITIONAL SUBJECTOR SUBJEC	CHIEF MEDICAL EXAMINER MD ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS (Street, city town, or county) MEMETERY OR CREMATORY WILLIAM COLUMNICAL WASHINGTON WASHIN WASHINGTON WASHINGTON WASHINGTON WASHINGTON WASHINGTON WA	



1 500	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0 % 13
FOR STATE	15853 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	U · · ·)
HEALTH OF S	DECEASED NAME First Middle Lost 2a DATE KNOWN X Manth OF ESTI-	Day Year 26 HOUR
delay is ond 3 ta M3. Page	WILLIAM HOY DAVENDORT DEATH MATED 1	/18 1,68 4P,
elay id 3 id 3 i. Po	SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years 15 UNDER 1 YEAR 16 UNDER 24 HRS 2c DATE PRONOUNCED DEAD MONTHS DATS HOURS MIN Month 11 Day 1	8 Year 68 4 P
2, and 3 2, and 3 PM3. Poportment	LISTA MILLOS (1/5//TAOT O AS)	8 Year 968 4 P
a a	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED Y. COUNTY OF DEATH	
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we Parish	Vienna give street address! Wain St. during most of working life, even if retired.) Watcman	INDUSTRY Packing Co
a Grya along (with th	USUAL RESIDENCE (Where deceased lived if institution, Residence before 130 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	Packing Co
	odm ssion) STATE Md. 13b COUNDOrchester Vienna YES X NO	
haurs Item Office I and 2	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
-=0 - 0	William C. Davenport Carrie	Hughes
hin 24 nal in niner's pages haurs	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS 17a. no. of unknown) 11 (see a use wer of delets of senores)	
d be executed within 24 of 'pending' in pencil in Chief Medical Examiner's transit permit. Fle pages y event within 72 haurs	Yes no, or unknown) (Ill was a way or or dotes of service) Mrs. Sadie Wyncoop Vienn:	
ted in all E	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART 1 DEATH WAS CAUSED BY:	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding in Medical permit. It within	IMMEDIATE CAUSE (o) COPONARY OCCIUSION	Instant
be executed 'pending' in ite Medical Earsi permit. Fevent within	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave	
vard ' vard ' ne Chi al-trar an-e	rise to Immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed ne ward "pending" in a the Chief Medical E burial-transit permit. I I in any event within	last bideriyiig coose	
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ifica ting irdea as	i .	
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<u></u>	O PATRONAL CALLET ALLC	YES NO 🔀
77 77 -		tem 18)
INER e ce shau files 3 sha atra	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: tute the cert age 4 shauld your files. Page 3 shauld, crematian, I, crematian,	WHILE NOT WHILE TOTAL factory, office building, etc.)	20011
	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X, Inquiry	, and in my apiniar
ed for burn burn burn	death resulted from Natural causes X. Accident, Surcide, Hamicide, Undetermined manner	
direct direct direct direct bulker	CHIEF MEDICAL EXAMINER	
AL CAL	SIGNATURE CONTROL 226 DATE	SIGNED
DEPUTY SICAL ENERGY, p ease exect the funeral director Paramay be retained for FUNERAL DIRECTOR: ealth prior to bund,		19/68
necessary, p ease exect the funeral director Posson S may be retained for TO FUNERAL DIRECTOR: Health priar to bundle	NAME Type) John Lace Jr. a BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	
7 5 5	to Burial (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23d LOCATION (City of Town) Cambridge Dot	(Caunty) (State)
	FUNERA. DIRECTOR ADDRESS 250. BEG BRANGE DESTRUCTION COMPANI OF MICH.	SIGNATURE .
VR ATSME (5)	Combridge Md.	110

MAKTEAND STATE DEPARTMENT OF HEALTH



127		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	15869
FOR STATE		### DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 D	PECEASED NAME First Middle Lost 20 DATE KNOWN For Month	
of of	}	Type or Print) Irene Mae Foley DEATH MATED 11/ EX 4 RACE S DATE OF BIRTH 6 AGE (in years 16 JMDER 17EAR 16 UNDER 24 HPS 2c DATE PRONOUNCED DEAD	10 1968 1:4
Po Po	3 S	EV 14 DAFF CO DIDT 1 14 ACC	Year 68 7:20
y de		emale White 5/19/1881 87 YRS	Year 1968 7 20
n 2, 2, n epp		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
2 2 2		Tario, Canada U.S. WIDOWED M DIVORCED Dorchester	Md
Paga Irth Sta		CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital USUAL OCCUPATION (Kind of work dange)	126 KIND OF BUSINESS OR
r de ve l †he		Campridge Campridge-Md. Hospital Housewife	THE DOT K
s ofter deoth ny delay is 18. Give Pages 1, 2, and 3 to along with form PM3. Page with the State Department of death.	13e a	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN dmission) STATE Md. 13b COUNTY Dorchester Church Creek 13c NO 2	
our and the	_	ATHER'S NAME First Middle Last IS. MOTHER'S MADEN NAME First Middle	Lost
2 of S		George Read Sarah	Arnett
aur age		WAS DECEASED EVER IN J. S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	****
with pan dam	13	(es. no. or unknown) (i yes give war or dolles of service, NO OL3-27-0830 T Mr. John R. Foley New Yo	rk City
ed view		TRICAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
corto ng" dico dico with		PART I. DEATH WAS CAUSED BY. OF THE IMMEDIATE CAUSE (a) Terminal pueumonia	2 days
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thief		Conditions, if only which gove rise to immediate cause (a). (b) Fracture neck right femur	12 days.
raid rard se C al-tr		stating the underlying couse (DUE 10, OR AS A CONSEQUENCE OF	
she were were the west of the		last. (c)	
necessary, please execute the certificate, writing the ward "pending" in pencil in them 18. Give Page the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the Statement of the prior to burial, cremation, ar removal, and in any event within 72 haurs after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
wrii wrii rwo rwo sed	MEDICAL CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
arte,	ETIFIC	WAS PERFORMED?	YES NO Z
d be de	IL CES	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, the	
Cert cert cert louk es shou	SIG.	PRIMARY OR CONTRIBUTING 1 1 HOUR A-M 10/29 19 68 Slipped and fell going into	bathroom.
MIN the ur fill ima	20	21d INJURY OCCURRED 21e PLACE OF INJURY (At nome, farm, street 21f. LOCATION Street ar R.F.D. Na City ar Town	Caunty State
L EXAM ecute th Page 4 or your R: Page ial, crem		WHILE AT WORK AT WORK IN INC. I I I I I I I I I I I I I I I I I I I	
se execute the certification. Sales of the series of the s		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection 🛣 , Inquiry 🛣	
Sicon need need by but he but		deoth resulted from: Notural couses 🗌 , Accident 🔀 , Suicide 🔲 , Homicide 🔲 , Undetermined manner [
direction of the control of the cont		ACTION CHIEF MEDICAL EXAMINER	
Y, Py, Py, Py, Py, Py, Py, Py, Py, Py, Py		ACTUAL SIGNATURE	
EPU SSGI fune oy b NNES		EXAMINERS NAME (Type) John Mace Jr. M.D. DEPLTY MEDICAL EXAMINER K 11/1 ADDRESS(Street, city, town, or county) Cambrid	
necessary, please e the funeral director 5 may be retained TO FUNERAL DIRECTION Health prior to bu	22-		· /
7	230	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (Cry or Town) REMOVAL (Specify) BURIAL 11/13/1968 Trinity Churchyard Church Creek 1	(County) (State)
2		FUNERAL DIRECTOR REMOVAL (Specify) 11/13/1968 Trinity Churchyard Church Creek ADDRESS 250 REC D BY REGISTRAR 250 REG STRAR S S	IGNATURE
VR A15ME (5)	1	Secult & Thomas & Cambridge Md. 21613 DATE NOV 15 1968 golon	la Judge
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de the tree to a second	CERTIFICATION	The same of standard		1011 01 21/11/01(17/10 1	an onne		№ □ .	CAUSES OF DEATH?			
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May May be be		NAME (Type)				FEO. GRAVES					
Page 4 may be retained by the haspital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defached far use as the should be filed with the State Dept. af Health priar to	230	BUR AL, CREMATION, 23b.	DATE	23c. NAME OF	F CEMETERY OR C	EMATORY	23d.	LOCATION (City or Taw	(n)	(Caunty)	(State)
Pag Pag Sho Sho	1		1/17/68			t Cemet		.New Mar		,	' '
1 1/2		FUNERAL DIRECTOR	A	ADDRES	S	2So F	REC'D BY REGIS	TRAR 25b REG	ISTRAR'S SI	IGNĄTJRE _	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 - 1357 15858 CERTIFICATE OF DEATH ond 2 death. ted within 24 hours after deoth Funerol Fond PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). o COUNTY o STATE COUNTY papers Four MARYLAND DORCHESTER MARYLAND WORCESTER y the Poges b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest tawa). CAMBRIDGE DAYS SNOW HILL. MARYLAND Ē d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS within 72 ON A FARM? EASTERN SHORE STATE HOSPITAL YES NO Tu COULBOURNE LANE carbon Middle 4 DATE Month Day Year DECEASED event, 1 (Type or print) DEATH ROY GLABONS NOVEMBER SEX 6. COLOR OR RACE F UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE [n years lost birthdoy) Months Doys Hours ond in any exe WIDOWED DIVORCED 08-24-93 WHITE 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY pleose **USA** physicial VIRGINIA PHYSICIAN: The law requires that the death certificate RETIRED PLUMBING 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME or removal, . Ea ALFRED GIBBONS SR. BETTY GIBBONS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service RECORDS OF THE EASTERN SHORE STATE HOSPITAL 230-01-6406A buriol, crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for INTERVAL BETWEEN signed by the buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse After this certificate hos been be detoched far use os the State Dept. of Health prior to lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? 4201 NŌ this certificate YES 20g. ACC DENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAI 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Eity or town) (Stote) (County) MED Hour o.m. foctory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After of work of work 21. I certify that (1) (this hospital) attended the deceased from NOV 5 1968 ta NUV23, 1968, that (i) (we) last 1968, and that death accurred at 442MM, fram causes and an the date stated above NO4 25 saw the deceased alive an.... 22a. SIGNATURE DATE SIGNED 22b. **ATTENDING** MD DIRECTOR director, page 3 should be filed PHYS 22c. PHYSICIAN'S 22d. ADDRESS GVEZ NAME (Type) FELIPE F.S.S. H 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATIC 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) Par-HS/e 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 1968



MAKTLAND SIAIL DEPAKIMENT OF MEALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15857 15872 CERTIFICATE OF DEATH). DECEASED NAME M ddle Lost 20. DATE OF DEATH Pages 1 and 2 Irs after death. 2b HOUR First requires that the death certificate be executed within 24 hours after death (Type or print) Month GIBSON NARE S. DATE OF BIRTH 6. AGE (In years last birthday) 3. SEX 4. RACE IF UNCER 1 YEAR MONTHS I OAYS HOURS 10-9-189 YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 126 KIND OF BUSINESS OR during most of working life, evad if retired.) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) STATE J/36 COUNTY / attending physician and ca permit. Then please rema-TO FUNERAL DIRECTOR: Affer this certificate has been signed by the attending physician and co director, page 3 should be detached far use as the burial-transit permit. Then please remashauld be filed with the State Dept af Health priar to burial, crematian, ar removal, and in any IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Middle First Дb 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMAN Address Yes, na, ar unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARD GETWEEN ONSET AND DEATH MYOCARDIAL INFARCTION dz DUE TO, OR AS A CONSEQUENCE OF AR TERIOSCLEROSIS Canditians, if any, which gove ; rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stating the underlying cause MELLITUS last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a) INFECTION. 190 DATE OF OPERATION .96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🔽 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Doy Year (if either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME FARM STREET TACTORY.) 21f. LOCATION Street of R.F.D. No 21d. INJURY OCCURRED Oty or Town County State While Nat while ot work 22a. I certify that (1) (this haspital) attended, the deceased from. saw the deceased alive an-_1948, and that in (my) (our) opinion dooth occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF DEGREE PHYS DIRECTOR 22e. ADDRESS Page 4 may 22d. PHYSIC AN BLRIAL, CREMATION REMOVAL (Specify) 23b DATE 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) 2So REC'D BY REG STRAR 24 JUNERAL DIRECTO VR ATSIN



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5858 CERTIFICATE OF DEATH Last 2b. HOUR DECEASED-NAME First Middle 20. DATE OF DEATH within 24 hours after death. (Type or print) NOVEMBER Month 19 Day 1968 ear 11:59 **Јони** THOMAS HOLLY Indicarply tells in by the for remove carbanzapers. Poges 1 nary event, within 72 hours after 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years filled in by the fundamental Pages 1 last birthday) MONTHS DAYS HOURS 09/20/80 MALE WHITE YRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [] NEVER MARRIED [country) DORCHESTER WIDOWED [X] DIVORCED VIRGINIA 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of working life, even if retired)
CHICKEN FARMER give street address) INDUSTRY CAMBRIDGE EASTERN SHORE STATE HOSP. 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d INSTOE CITY JAM TS? 13e. STREET AND NUMBER admission) STATEMARYLAND 136 COUNTY WORCESTER POCOMOKE NO V ROUTE 1 director, page 3 shauld be detached for use as the burial-transit permit. Then please Pemo, should be filed with the State Dept. of Health priar to burial, cremation, or remayal, and in any IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Middle Last Middle ATTENDING PHYSICIAM: The law requires that the death certificate be BENJAMIN HOLLY CHARLOTTE MEARS attending physician sermit. Then please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes no ar unknown) [If yes give wor or detec of service) 121-09-3799A RECORDS - EASTERN SHORE STATE HOSPITAL 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND OFATI Uremia IMMEDIATE CAUSE (a) arteriola nephroiderosis Conditions, if any, which gave) TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached for use as the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Page 4 may be retained by the haspital or attending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) with metas 19d DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INIJRY 21c HOW INJURY OCCURRED (Enter nature of injusy in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street of R.F.D. No. City or Town Caunty State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from ways - 1968, to Invent 1,1968, that (I) (we) last sow the deceased alive an november 1,1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted above, (I) (we) (did) (did not) view the bady after death. 22c DATE SIGNED STAFF PHYS. MED DIRECTOR November 19-1968 DEGREE PHYS 22d. PHYSICIAN S 22e ADDRESS BARROSU St. HUTlock Mo 23c NAME OF CEMETERY OF SEEMOCORK 23a BURIAL, CREMATION 23b DATE 23d LOCATION (City or Town) (County) (State) 11-22-1968 John M. Taylor Mem. Temperanceville. 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68 Dem Pocomoke City. Md. DATE eleterage a



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1		15859	DIVISION OF VITAL	RECORDS, 301 W.	PRESTON STREET, BALTI.	MORE, MARYLAND 21201	15071
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7 2 1.	1. D	CEASED-NAME First		Middle	Lost	20 DATE OF DEATH	2b. HOUR P
hours after death	(1	ype or print) W1111	am Ed	ward d	Jarrell, Sr.,	Nov. Manth 4 Pa	968 Year 1;28m
\$ 3 m	3 SE		4. RACE		S DATE OF BIRTH	6. AGE (In years	F JNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
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三代 是 盘 身 !	10. 0	ITY OR TOWN OF DEATH	11 NAME OF HI	OSPITAL OR INSTITUTION (If not in hospital 12a USUA	OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
The state of the s		Cambridge	Cambr	idge-Mary	land Hospins	de to kind the transfer termed)	INDUSTRY
ppler car	. 13e adm	USUAL RESIDENCE (Where deceases	sed lived, if institution: Resid	lence before 13c. CITY			0.1
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e e e e e e e e e e e e e e e e e e e	14. 1	ATHER'S NAME First	Middle	Lost	1S. MOTHER'S MAIDEN NAME FI		Lost
be in a se l	L	Charle		Jarrell		/da	Orrell
Sicio olego ar	16a.	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give v NO	one na distact of consect		7 INFORMANT	Address	
rtifi sval		No	218	<u>-20-5860</u>	Kenneth W.J.	arrell, Cabin (Creek Md.
9 54		1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line for (o)	, (b), and (c).)	4		APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
事		PART I. DEATH WAS CAUSE IMMEDIA	D BY: ATE CAUSE (a)	Conce	constis		
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or the ee	S		CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
the Internal of the Control of the C	CERTIFICAT	Tro. Brite or or Electron	CONDITION FOR WINGINGS	THOI WAS LESS BRIDGE	YES NO	CAUSES OF DEATH?	CONTRACTOR IN CENTILITY
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ficar ficar for for for	ਤ	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month	Day Year	HOW HOOK! OCCURED (FILIE)	indicte of infort list and 1 of 1011 2,	11411 10.)
SSPIN	MEDICAL	(If either, notify medical exami 21d, INJURY OCCURREO 21e.	ner) P.M.	FARM STREET FACTORY \ \ 214	LOCATION CANAL OF R.F.D. No.	City or Town	County State
Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet be a shauld be detached far use as the burial-transit permit. Then please remove carl shauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event,		While Not while at wark	OFFICE BU	ILDING, ETC.	LOCATION Street or R.F D. No.	City of Towit	Coolis
A the state of the		220 Leartify that (1) (th	is hasnital) attended t	he deceased from	10-11 196	C-to 1/- 4 10	C that (1) (wa) last
Aft St.		saw the deceased a	live an 11-	19 6	and that in (my) (our) apir	ian death accurred an the d	ate and have and from the
Ballon Sines		causes stated above	e, (I) (we) (did) (d id no :	H view the bady after	er death.		
A S D S S		22b. SIGNATURE	2			22c.	DATE SIGNED
be 3	L	YV_	- Leconom	D	GREE PHYS. DI	D. STAFF PHYS. D	1-5-68
AL CAL		22d. PHYSICIAN'S			22e. ADORESS		
SPIT FER Por, d b	L	NAME (Type)					
HO HO	23 o.	BUR AL, CREMATION, 23b REMOVAL (Specify) NO		3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
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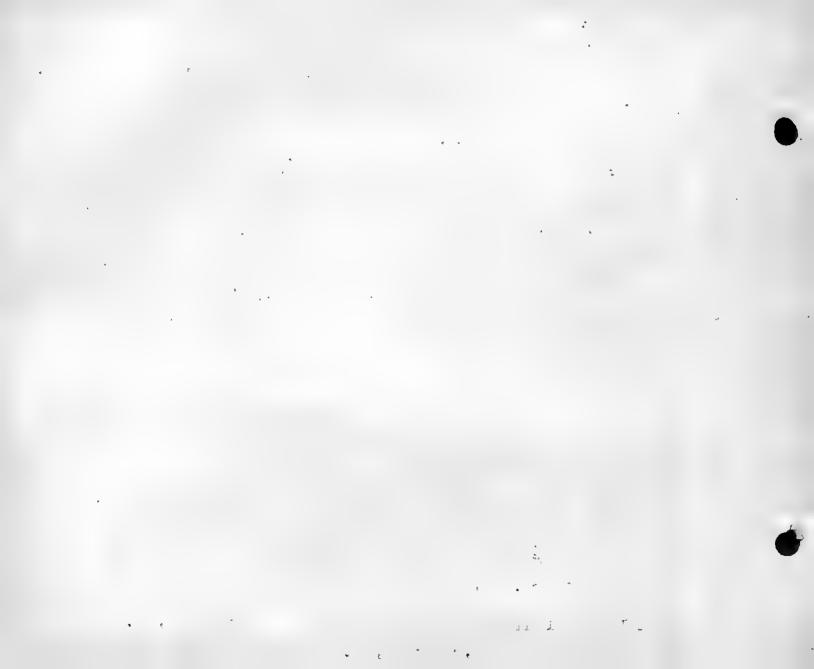
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1		15860	DIVISION OF VITAL RECORDS,	301 W. PRESTON ST	REET, BALTIMOR	E, MARYLAND 21201	15375
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£ _~£		CEASED-NAME First	Middle	Lost	20	DATE OF DEATH	2b HOUR
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Sin Cara		BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MA		INTY OF DEATH	~
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and completely filled in by the funeral remave carbait popular. Rages I and I in any event, with a 72 bours after death	10. (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital	126 USUAL OCC	UPATION (Kind of work done	12b KIND OF BUSINESS OR
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and completely remaye carban in any event, with	14.	ATHER'S NAME First	Middle Lost	IS MOTHER'S N	MAIDEN NAME First	Middle	Lost
and e rem		Norman		ison '''	Sy 1:	via Patric	ia Keene
he death certificate attending physician permit, Then please itan, ar remaval, and	160	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b SOCIAL SECURITY	NO. 17 INFORMANT		Address	
tific hys n p val,	L.	es, na, or unknown) (If yes give w	or dr dotes or service)	Sylvia	Keene T	avlors Island.	Md Box 112
rend plus		18. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and (c)	.}			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ar re		PART I. DEATH WAS CAUSED) BY: THE CAUSE (a) Respirato	ry Distress			
atte		7/62	DUE TO, OR AS A CONSEQUENCE OF	-			
the the nation		Conditions, if ony, which gove	(b) Prema turi	tv			
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sicic sicic ed al-ti	1	lost.	(d) Syndro	me			
equires tha physician. signed by burial-tran		PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	AL DISEASE OR CONDITI	ON GIVEN IN PART 1(o)	
ing ing the ta	3	7'/					
end end s be as t	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P			206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
The att	RIFE			YES Ex			
AN: Il ar cate ar u		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT			CURRED (Enter nature	e of injury in Part 1 or Part 2, It	rem 18.)
prid in the second seco	MEDICAL	(If either, notify medical exami	ner) P.M. 1	9			
ATTENDING PHYSICIAN: The law requires that the death certificate etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then pleas with the State Dept af Health priar ta burial, crematian, ar remayal, and	₹	2 d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME FARM, STREET, FA	CTORY, 21f LOCATION Stre	et or R F.D. No	City or Town	County State
de this de the D		While Not while at work					**
by Start		22a. I certify that (I) (টা	shospital) attended the deceas	ed from NOVEMBER	1 9 , 19 58 ,	ta <u>Rovember I I 19</u>	<u>68</u> , that (I) (MME) last
the the		causes stated above	(I) (We (did) (did) view the	bady after death.	ny) (ama chuncu	aeum accorrea an me au	e una mani ana muni me
TA ST		22b. SIGNATUR			V	22c. D	ATE SIGNED
OR De L		140	Trust MI	DEGREE PHYS	ING E MED DIRECTO	R PHYS.	1-12-68
A Segretary	1	22d. PHYSICIAN'S NAME (Type) Dr. J	/Edwin Fascett	22e. AD			
FRA m d be d	L	NAME(Type) Dr. J	7 Edwin Taseett		823 Tigh S	t. Combridge,	Faryland
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban should be filled with the State Dept of Health priar to burial, crematian, ar remayal, and in any event, with	230.	BURIAL, CREMATION, 23b		CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) (Stote)
55522	Di	T4	-11-68 Cambri	dge Md. Hosp			hester Maryland
VR A15 (4)	24	FUNERAL DIRECTOR	101 RN ADDRESS	Sul 1/.	250. RECD BY REGI		SIGNATURE
, 30M REV. 1/68	11	A Nelin Ally	you /1/ Cambrel	ge/110. Hotel.	DATE NOV 1	4 1968 Action	read Judge



1				IND STATE DEPARTMENT OF S, 301 W. PRESTON STREET, BAI		
1		15861	DIVISION OF THE RECORD	CERTIFICATE OF DEATH		15070
		CEASED-NAME First Pype or print) RUB		KEE'NE	2a. DATE OF DEATH Month LVOV.	Need 1 26 Hour
	3. SE	Female	4. RACE White	S DATE OF BIRTH Aug. 8, 18	6. AGE (In years last brithday)	IF UNDER 1 YEAR UF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 25.
	(001	BIRTHPLACE (Stote or foreign litry) Maryland	75. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED D.VORCED	9. COUNTY OF DEATH Dorchester	Md.
pd.	.0	ambridge	oive street oddress) Ca. noridge	Md. Hospital during	SUAL OCCUPATION (Kind of work don most of working life, even if retired MOUSEWAIE	12b. KIND OF BUSINESS OR INDUSTRY
ž	adm	ssion) SIATEaryland	ised lived, if institution Residence before 13b. COUNTY_orchester	re 113c CTTY OR TOWN 13d INSIDE CIT	NO NO NOTE NO NO NOTE	
1		ather's Name First George		F	First Middle annie ?	Fallin lost
	16a Y	WAS DECEASED EVER IN U.S. ARM es, no, ar unknown) (If yes give a	MED FORCES? wer or dates of service) 16b. SOCIAL SECUR 215-18-1	1576 LeCompte Fune:	ral Service reco	rds
- X	CERTIFICATION	Canditions, if ony, which gave isset to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE (b) CONSEQUENCE (c) CONSEQUENCE (d) CONSEQU	OF Heart De NOT RELATED TO THE TERMINAL DISEASE OF PERFORMED 200. AUTOPSY? THE TERMINAL DISEASE OF LEWIS AUTOPSY?	CALIFFE OF DEATING	APPROXIMATE MITERAL BITWEEN ONSET AND OCATH I MULTER 3 477 3 wh. Thurten Considered in Certifying
	MEDICAL	at work at work	HOUR A.M. Month Day Ye P.M. PLACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING, FTC.	gr 19 FACTORY.) 21F. LOCATION Street or R.F.D. (No. City or Tawn	County State
		22b. SIGNATURE	e, (I) (we) (did) (did-not) view th	DEGREE PHYS	MED. STAFF 22	dote and hour and from the
1	23a	BUR AL CREMATION 23b.	DATE V 21, 1968 DOTC	2110V 226. ADDRESS (, C.A. DE CEMETERY OR CREMATORY THE OFFICE OF CREMATORY THE OFFI CHARGE OF CREMATOR	23d LOCATION (City or Town)	(County) (Stote)
168	24	FUNERAL DIRECTOR	ADDRI L Service, Cambrid	SSS 250 REGI		R'S SIGNATURE







1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 212	0.7
TON CTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212 Items#2d&&dFilm#G408 12/31/68 vmp MEDICAL EXAMINER'S CERTIFICATE OF DEATH	[5571]
VEOR STATE		
HEALIN DEFT.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence of COUNTY DOOR BOOK TERMS OF COUNTY DOOR	
	DORCHESTER MARYLAND MARYLAND DOR	CHESTER
2, one 2, one PM3 Power to p offer deoth	b (1TY OR TOWN (If outside corporate 1 mits, write RURA, and give write RURA) and give nearest town)	neorest town)
F. 2 . 5	CAMBRIDGE 8 MONTHS HUMINOCK Cambridge	
Dep Dep	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS R.F.D.	ON A PARM?
Se fa fa se	EASTERN SHORE STATE HOSPITAL BELLE HAVEN NURS INT HOME	YES NO X
1922年 2009	3. NAME OF First Middle Lost 4 DATE Month DECEASED CALED ARTHUR LECOMPTE OF 11	01 Year 68
1 W W	PLATE TO THE PERSON OF THE PER	
affer afong with the with the within	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER) MALE WHITE WIDOWED 8 DIVORCED 02-24-82	Doys Hours Min
2 8 2 E	MALE WHITE WIDOWED A DIVORCED OZ-Z4-82 OO YIS.	
hours Item Office Office	106 US_AL OCCUPAT.ON (Give kind of workdone 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT. during most of working ife, even if refired) IND_STRY	ZEN OF WHAT
thin 24 in I in I in I in I pages I in any	WATERMAN Seafood DORCHESTER COUNTY, MD. U.	S.A.
w thin pencil kamine ile page	13. FATHER'S NAME	
w the per Exam Exam File ond	CALEB A. LECOMPTE MARY BELL	
ed v	15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or proknown) (If yes give wor or dates of service)	
xecuter nding Medicol permit imovol,	216-54-9987T Hospital Records	
INER: Th's certificate should be executed within 24 e certificate, writing the word "pending" in pencil in should be farworded to the Chief Medical Examiner's files. 3 should be used as a burial-transit permit. File pages int, prior to burial, cremation, or removal, and in any	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY-	INTERVAL BETWEEN ONSET AND DEATH
should be e te word "per to the Chief A buriol-fronsit mation, or re	IMMEDIATE CAUSE (a) TERMINAL PNEUMONIA:	2 BAYS
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sho e w e w o th nath	Conditions, if any which gave (b) FRACTURE NECK LEFT FEMUR	3-MONTHS
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h's afe, e fa e fo to	200. EXTERNAL CAUSE WAS 20th DESCRIBE HOW INHIBY OCCURRED (Enter nature of mury in Port, or Port II of item 18.)	YES NO V
Thick is be a be in	PRIMARY TO A CONTRIBUTION TO	
NER: T certification bould by siles. should it, prior		
	20c TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20s PLACE OF INJURY (Home, form, 20f (City or town) (Cour 3 Hour o.m. 8-3L-6819 While Not W	(/
XAM ute th your your Page d oge	pm of work of work	• Me •
MEDICAL EXA pleose execute director. Page retoined for you birector. Page retoined for you birector. Page statement of the property of the designoted of the page of the designoted of the property of the pro	21. I certify that I took charge of the remains described obove, held an Autapsy, Inspection, Inquiry,	and in my opinion
ign care a series	death resulted from: Natural causes 🔲 , Accident 📝 🛣 Suicide 🔲 , Homicide 🔲 , Undetermined manner 🔲	
MEDICAL please e director retoined L DIRECT its design	ACTUAL CHIEF MEDICAL EXAMINER	22. DATE SIGNED
Y M Place of delay of the place	SIGNATURE	22. DATE SIGNED
necessory, pleose execute the funeral director. Page 45 moy be retoined for your TO FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S NAME (Type) JOHN MACE JR. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	/1/68
necesso the fun 5 may 10 FUNE Heolth		(County) (Stote)
01 g ∉ ≈ 01 ±	Buria Pediy) Nov 3, 1968 Greenlawn Cemetery Cambridge, Mary	
	24 FUNERAL DIRECTOR ADDRESS 2So, REC D BY REGISTRAR 2Sb, REGISTRAR'S SIG	
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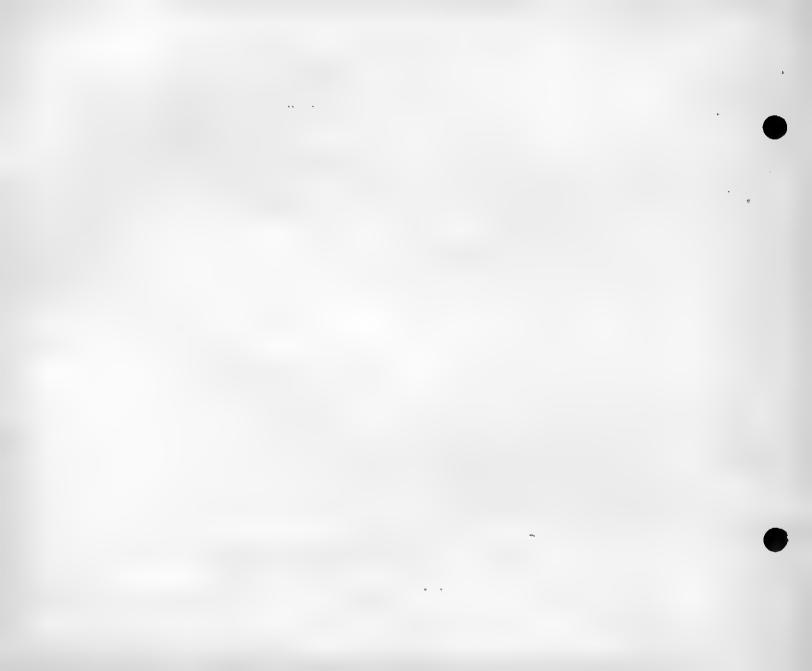
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p vs		15865		CERTIFICATE OF D	DEATH		100 0
. P. 2		CEASED-NAME First	Middle	Last	2a. DATE OF	DEATH	2b. HOUR
24 hours after death. 24 hours after death. 26 pages 1 and 2	(1	ype or print) Maurice	Cullen	Lewis	Sr. Nov	ember 7Day	1968 1:45A
er e	3, 58	X 4. RACE		S DATE OF BIRT		6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
rrs ofte		Male	White	Febr	uary 1,190	last birthdgy)	MONTHS DAYS HOURS MIN.
a si a si a	7a. I	BIRTHPLACE (State or fareign 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED X NEVER MARR			
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n 2	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	ST-TUTION (If not in haspital	12a. USUAL OCCUPATION	(Kind of work done	12b. KIND OF BUSINESS OR
aquires that the deoth certificate be executed within 2/ physicion. Signed by the attending physicion and completely filled buriol-transit permit. Then please remove carbon pobburiol, cremation, ar removal, and in any event, within the contraction of the contr		Cambridge	Cambridge-	Md. Hospita	during most of working Salesman	life, even if retired)	INDUSTRY Automobile
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be or in		William H	R. Lew	is	Effie		Hooper
a ggi et a	Ióa.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY	NO 17 INFORMANT		Address	
hysi vol.	Ľ	65 No. ar unknawn) (If yes give wer ordates of se	214-07-7	375 Maurice	Lewis Jr.	Glasgow	St. Cambridge
The Table	П	18. CAUSE OF DEATH (Enter only one coust	per line far (a), (b), and (c)		COA	16-12371111	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
oth adin r re		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c	A-STHMA		DEMA- TE	A A PLI	3 10 YEARS
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re ng en to I	Z.	4.					
The tow ratending that been se os the the prior to	ATIO	190 DATE OF OPERATION 19b. CONDITION F	OR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPS			NSIDERED IN CERTIFYING
SICIAN: The low red spitol or attending pertificate has been set of for use os the beat of	CERTIFICATION			YES 🗆	NO CAUSES	OF DEATH?	
or or eat		21a. ACCIDENT WAS UNDERLYING 21b	TIME OF INJURY	21c. HOW INJURY OCCU	IRRED (Enter nature of injur	y in Part I ar Part 2, It	em 18.)
PHYSICIAN he hospitol (his certificol efached for	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)	R A.M. Manth Day Year P.M.	9			
hosp cer che pt.		21d. INJURY OCCURRED 21e. PLACE OF IN	JURY AT HOME FARM, STREET, FA	CTORY) 21f. LOCATION Street	or R.F.D. Na. City	ar Tawn	County State
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OR ATTENDING oe retained by th NRECTOR: After t e 3 should be de	П	22a. I certify that (I) (this haspital saw the deceased alive an	l) attended the deceas	ed_from	, 19 -5 _8, to/	NOV. 191	S, that (I) (we) last
ed Legis		saw the deceased alive an causes stated abave, (1) (we)	(Jid) (Jid = 4)	1942 5, and that in (my)) (aur) apinion death c	iccurred on the dat	e and hour and from the
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PITA BRAI Pe		NAME (Type) M, E, GO	NPS IR.	M.1) CA	中的两月了	GE M	D. (1) orsett
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospitol or attending physicion. To FUNERAL DIRECTOR: After this certificote has been signed by director, page 3 should be detached for use as the buriot-transhould be filed with the State Dept. of Health prior to buriol, creating the state Dept. of Health prior to buriol, creating the state Dept.	23a.	BURIAL, CREMATION, 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATIC	N (City ar Tawn)	(County) (State)
0 g 0 g 4		BWY4581 11/9/6	8 Dorch	ester Mem.Pa			chester Md.
	18	FUNERAL DIRECTOR / A D	ADDRESS	2	2So REC D BY REGISTRAR	2Sb REGISTRARS	SIGNATURE
VR A15 (4) 30M REV, 1/68	1	well struck	Cambridge	Md. 21613	DATE NUV 15 1	1968 Jelio	was judge.
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MAKILAND STATE DEPARTMENT OF REALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death. haurs after death eral (Type or print) Taan MCGRATH FLORENCE 3 SEX A RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS HOURS SHTINOM 06-25-79 89 WHITE signed by the attending physician and camplefely filled in by the burial-transit permit. Then please remove carban papers. Pagburial, cremation, ar removal, and in any event, within 72 hours. 7o BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED 5 DIVORCED [DORCHESTER MARYLAND 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR q ve street address) during most of working life, even if retired) INDUSTRY EASTERN SHORE STATE HOSP HOUSEWIFE CAMBR IDGE 30 USDAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? 136 COUNTY DAMES_QUARTER NO 🗀 14 FATHER'S NAME First Middle IS. MOTHER'S MA DEN NAME First Lost requires that the death certificate be Topp Anna JONES HARDY Tonn WILLIAM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) RECORDS OF THE EASTERN SHORE STATE HOSPITAL UNKNEWN APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove t Cardo Jascular rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) ficate has been s far use as the b f Health prior ta b CERTIFICATION 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [7] NO [TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) **TENDING PHYSICIAN** OR CONTRIBUTING CALSE OF DEATH HOUR A.M. Month Doy Yeor directar, page 3 shauld be detached shauld be filed with the State Dept. of (If either, notify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stole While Not while of work 22a. I certify that (!) (this haspital) attended the deceased from 10 saw the deceased of ve an 1965, and the , and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1)_(we) (did) (did not) view the body after death 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR DEGREE 22d. PHYSICIAN 22e. ADDRESS EASTERN SHORE STATE HOSPITAL NAME (Type) GULTEKIN OVACIK M.D. 230 BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d (UDEATION (City or Town) (County) REMOVAL (Specify)



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 15868 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last DECEASED NAME First 2a. DATE OF DEATH 2b. HOUR death. (Type or print) November Jamie Pattison Mills 5. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years Z haurs after by Pages MON7HS DAYS White 28.1889 Male August 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED K NEVER MARRIED 9. COUNTY OF DEATH Dorchester U.S. WIDOWED [DIVORCED [Dorchester within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR The law requires that the death certificate be executed within Cambridge-Md. Hospital during most of working life, even if retired)
Caretaker INDUSTRY the attending physician and campletely fist permit. Then please remave carban Cambridge cremation, or remayal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LANITS? 13e STREET AND NUMBER admissian) STATE Dorchester Buena Vista Ave Cambridge 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Last James Wilhemmina Mills Pattison 16g, WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, na, ar unknown) 213-2/1-2/17 Mrs. Jamis Mills Cambridge Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND BEATH Lymphosarcoma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) and Diabetes mellitus Chronic lymphatic leukemia as the priar to f 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? should be detached far use fifth the State Dept, of Health 1 YES [] NO 🗖 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 3-5-57 saw the deceased alive an 11-3-68 19, and that in (m 10 11-3-08 , and that in (my) (our) apinian death accurred on the date and havr and from the causes stated abaye, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR 11-4-68 PHYS 22e. ADDRESS 200 Md. Ave., Cambridge, Maryland PHYSICIAN'S 21613 ALBERT E. BUNKER. M. D. NAME (Type) director, 1 23a BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 11/6/68 Spring Hill Cemetery Talbot Md. Easton 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE Cambridge Md. 2161341 NOV 1968 30M REV3 1/68



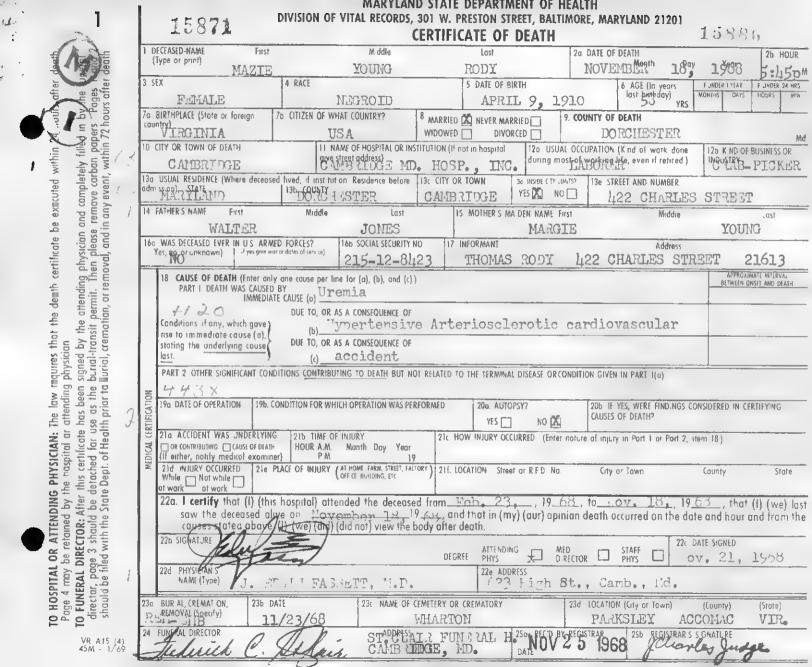
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15884 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. Farst 1 DECEASED NAME Middle Lost 20. DATE KNOWN AT Month Day (Type or Print) HILLISTON ESTI-ONEAT. 12N., MOORE Nov 1968 DEATH MATED IF INDER YEAR 3 SEX 4 RACE 6 AGE (in years IF UNDER 24 HRS 5 DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR Hale Mar. 29, White Month 11 683PM Year 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Marvland USA Dorchester WIDOWED [7] DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR ang with be executed within 24 hours after deat Goose Creek Bridge Toddville during most of working life, even if retired) Crab Plant 13a USUAL RESIDENCE (Where deceased ived, finstitution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? death 13e STREET AND NUMBER odmiss on) STATE Marvland 13b COUNT Dorchester Wingate YES NO X None 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Last First Middle Lost Nina 2 Oval H. Tall Moore hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** ie certificate, writing the ward "pending" in pencil shauld be farwarded ta the Chief Medical Examing (Yes no, or unknown) (If yes give war or dates of service) LeCompte Funeral Service records Eie 72 within APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Drowning Instant IMMEDIATE CAUSE (a)_ event DUE TO, OR AS A CONSEQUENCE OF **burnal-transit** Conditions, if any, which gave " rise to immediate couse (a), This certificate should Gny DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse or removal, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 129 o Coronary sclerosis g 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? certificate, YES NO pe 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF NJURY Month, Doy, Year 3 should PRIMARY XOR CONTRIBUTING cremation, Fellinto water while fixing crab 11-3 19 68 CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF N.JRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Tawn County State factory, office building, etc.) AT WORK AT WORK Toddville Dor. Goose creek Md. burial, 22a | certify that I took charge of the remains described above, held on | Autopsy | Inspection | 1, Inquiry [and n my apinian Notaral causes , Accident X, Suicide , Hamicide death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE P. DEPUTY MEDICAL EXAMINER * EXAMINER'S John Mace Jr. M.D. NAME (Type) ADDRESS(Street, city, town, or county) Cambridge. 00 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b DATE 23d LOCATION (City or Town) (County) (Stote) Dorchester Memorial Park Nov 6, 1968 Cambridge, Maryland 256 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR Maryland LeCompte Funeral Service, Cambridge, VR ATSME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



X		15870	DIVISION	OF VITAL RECORDS,	301 W. PRESTON S ERTIFICATE OI	TREET, BALTIMOI		15,80
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be executed within 24 hours after death and campletely filled in y the mean ermane carbon papers. Pegical and in any event, within 72 hours aller death	3. SI	Y Female	4. RACE	White	S. DATE OF Mar	BIRTH ch 22, 189	6. AGE (In years lost birthday) 7 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS NOURS MIN.
d in by 72 hauf	7o. I	BIRTHPLACE (Stote or foreign http://maryland	7b. CITIZEN	OF WHAT COUNTRY? USA	8. MARRIED NEVER M WIDOWED S DIV	ORCED	Dorcheste	er Md.
and campletely filled in remave carbon papers.		Cambridge		11. NAME OF HOSPITAL OR INS give street oddress) dge-	Maryland	120. USBAL OC during most of	CUPATION (Kind of work done working its even if retired.)	126 KIND OF BUSINESS OR INDUSTRY Home
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ientificate be physician c hen please noval, and ji	160	WAS DECEASED EVER IN U.S. ARMI 'es, pp, or unknown' (Il yes give wo	D FORCES? or dates of serv	16b SOCIAL SECURITY N 215-14-33		iola H. Ja	Address arrett, Cambrid	lge, Maryland
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-train should be filed with the State Dept. of Health priar to burial, creating the prior to bur	MEDICAL CERTIF	of work of work 22a. I certify that (I) (this saw the deceased all causes stated abave, 22b, SIGNATURE	HOUR LACE OF IN. hospital	IME OF INJURY A.M. Month Day Yeor P.M. 15 JURY (AT NOME, FARM, STREET FACOURTY OFFICE BUILDING, ETC.	ed from 992, and that in (bady after death.	reet or R.F.D. No. 19.66 my) (aur) apinian DING MED DIRECT	City ar Town City ar Town City ar Town City STAFF 22c.	County Stote County Stote At that (I) (we) last te and haur and from the
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	L	22d. PHYSICIAN'S NAME (Type) BURIA., (REMATION, REMOVAL Specify) FUNERAL DIRECTOR		1968 Junior	CEMETERY OR CREMATORY Order Ceme	tery 250, RECD BY REC		SIGNATURE
30M RE CO	J	. J. Framptom a	nya so	d, Feddralsbi	Ira, Marylar	nd DATE UEU 5	1963 Kan	nlas Juage







1	1 3	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1.4
FOR STATE		Item 6. FilmG406 1MEDICAB EXAMINER'S CERTIFICATE OF DEATH	[5887
HEALTH DEPT.	1 D		Year 2b HOUR 9 AM
delay ond 3 t	3 5	ITELE 4 RACE Negro 5/23/1917 6 AGE yours IF LADER 1 YEAR IF JADER 24 HRS 20. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MAIN Month 11 Day 6	Year 68 2d HOUR 9:30
Par Salar	(0.11	BIRTHP.ACE (State of foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DOUGHESTER DOUGHESTER DOUGHESTER	Md.
24 nours after death results of the start of the death	C	ambridge give street puddress? Box 89 during most of working If e, even if retired) It	26 KIND OF BESINESS OR NDUSTRY
il8. G. il8. G	°	US.A. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MISIOE CTY LIMITS? 13e STREET AND NUMBER CHILDSION) STATE NICE 13b COUNTY Dor. Cambridge YES \(\text{NOST} \) NOST RFD.2 Box	
M hours Softer of	14 F	ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Hazel Sharp Henrietta Tilgl	hman
E 3 8 8		WAS DECEASED EVER IN L S. ARMED FORCES? (es, no, or unknown) Yes 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS 217-10-8810 Hazel Sharp Cambridge.	d.
INER: This certificate should be executed within should be forwarded to the Chief Medical Example files. 3 should be used as a burial-tronsit permit. File page notion, as removal, and in any event within 72 hours.		18 CAUSE OF DEATH (Enter only one cause per .ne for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), Coronar; occlusion UE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate cause (a), stating the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF Output Due TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Linstant
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his cer ote, w e forw be use	CERTIFICATION	WAS PERFORMED?	YES NO X
= = = -	MEDICAL CI	2 o EXTERNAL CAUSE WAS 21b TIME OF IN, JRY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. P.M 19 19	
L EXAMINER: ecute the certi Page 4 should or your files. R: Page 3 shoul al, cremotion,	×	21d. N., URY OCCURRED 2 e PLACE OF IN, JRY (At home, form, street, white at work at work at work at work at work.	County State
necessary, please execute the certification of the funeral director. Page 4 should 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should prior to burial, cremotion,		22a. I certify that I took charge of the remains described above, held on Autapsy, Inspection K, Inquiry, death resulted fram: Natural causes _X, Accident, Suicide, Homicide, Undetermined monner	GNED 68
5 5 ± 2 5 ±		Burial 11/9/68 Mt. Pleasent Cemetery Salem Dorches	County) (Stote)
VR A15ME OF THE STATE OF THE ST	24	FUNERAL DIRECTOR Like Like Like Cambridge, Md. DATE NOV 12 1968 PERIODERAL STREET STREET CAMBRIDGE	les Judge



1		15873	DIVISION OF VITAL RECORDS,	301 W. PRES	EPARTMENT OF H STON STREET, BALTI TE OF DEATH		15.5
er deoth. funeral i ànd 2 ter deoth.		CEASED-NAME First ype or print) THOM	Middle	SHOR!	Lost	20 DATE OF DEATH Month NOV. 2	2b. HOUR 1 A M
within 24 hours after deoth tely filled in by the froneral boppers. Pages 1 and 2, within 72 hours after deoth	3. SI	Male	4 RACE White	S.]	DATE OF BIRTH May 12, 190	6 AGE (In years lost buthday) O4 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
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Complete of y event	odm	ssion) STATE Maryland		Salem	YES NO	None None	
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rtificate physicic en plea oval, on	lóo. Y	was deceased ever in u.s. Ara es, go, ar unknown) (1f yes give w NO		110 LeC		al Service recor	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 hours after Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the function, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be detached.		Conditions, if ony, which gove tise to immediate cause (a). Stoting the underlying cause (ast.	DUE TO, OR AS A CONSEQUENCE OF	wales	(Lyns	Englishments	APPROXIMANTE INTERVAL BETWEEN ONSET AND DEATH
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PHYSICIAN he hospitol o this certificat letached for s Dept of Hec	MEDICAL C	of work at work	HOUR A.M. Month Day Year P.M. I PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC	OTORY,) 21f. LOCAT	TION Street or R.F.D. No.		Caunty State
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PITAL OR A moy be re RAL DIREC		and beneficially	Baumann, MD	- Sp. Amer	(ATTENDING METERS DE METER	ED. STAFF D //	1-30-68
ro Hosi Poge 4 o Fune directo should		BURIAL, CREMATION, 23b. REMOVAL (Specify) De	ec 1, 1968 East Ne		ematory t Cemetery	23d LOCATION (City or Town) East New Marke	(County) (State)
VR A15 (4)	24. Le	funeral director Compte Funeral	L Service, Cambride	ge, Mary	land 250 REC'D B	Y REGISTRAR 256 REGISTRAR 3	SENATURE



		15874	DIVISION OF VITA		301 W. PRE ERTIFICA			E, MARYLAND 21	201	15	89
- 1		CEASED-NAME First	t T	Middle		Lost	2g.	DATE OF DEATH			2b. HOUR
- 1	(1	ype or print) ANGIE	RONNIE	HAR	RIS	SPICER		NOVEMBER	1. Day	1958	N
ı	3. SE		4 RACE			DATE OF BIRTH		6. AGE (In ye	ors	IF UNDER 1 YEAR	HOURS ANN
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		JOHN		HARRIS			LARISIE			HARR	IS
-	16a.	WAS DECEASED EVER IN U.S AR	wor or dotes of service)	SOCIAL SECURITY N		DRMANT			dress		
ı		es, no or unknown) (If yes give	22	20-01-89	30 W	HALLAM	SPICER	812 PARK	LANE	216	L3
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4	CERTIFICATION		angrene of			YES T	NO BC	CAUSES OF DEATH?	Dillos Cor	-J.DERED IN C	KINTH CHILD
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		22a. I certify that (1) (1) saw the deceased causes stated abay 22b. SIGNATURE	his haspital) attende alive an Nov (e, (I) (we) (did) (did	d the decease 19 nat) view the b	d from <u>De</u> 168_, and to ady after de				, 19 6 the date	8, that e and have	t (I) (we) las and from the
1		224 DHYSICIAN'S	Jaux/	MD	DEGREE	ATTENDING PHYS. 22e ADDRES	MED DIRECTO	R STAFF PHYS.		v. 7,	1968
1		NAME (Type) J. Ed	vin Fassett	, M.D.				Cambridge	L 11d	_ 2161	3
	23a		DATE	23c NAME OF C	EMETERY OR CR		23d.	LOCATION (City or Tov	/n)	(Caunty)	(State)
0		DEHOMAL (Countle)	11/5/68		WESLEY			LINERS RD.	D		MD.
I	24.	FUNERAL DIRECTOR	04.6.		IR F. H		a. REC'D BY REGI		ISTRAR S S		
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MAKTLAND STATE DEPARTMENT OF HEALTH

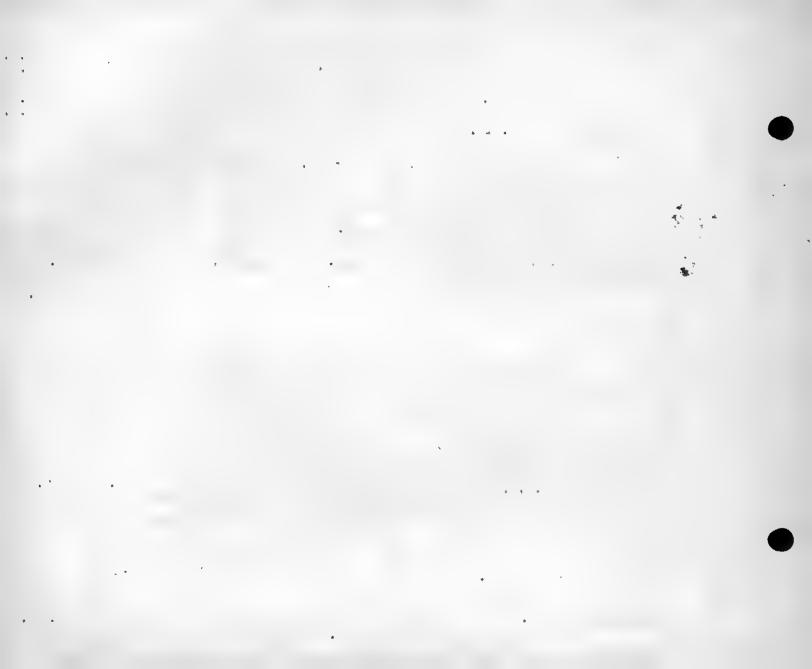


	15875	DIVISION O	OF VITAL RECORDS,		RESTON STRE		MORE, MAI	RYLAND 21:	201	150	· ()	
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	(Type or print)	Rley		Su	dler			Month II	Iga	68		M
	SEX	4 RACE			5. DATE OF BIRT	TH		6. AGE (In yes	ors	IF UNDER 1 YEAR	IF UNDER 24 HI	is.
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	o. B.RTHP_ACE (State or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRI	ED PC] 9.	COUNTY OF	DEATH				_
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	30 USUAL RESIDENCE (Where de			13c CITY OF	TOWN (3	d UNSIDE CITY LIMIT		REET AND NUM	BER	-		
Ľ	Mary Mary	and C	ueen Anne	Barc	lay	YES NO						
	4 FATHER'S NAME First	Middle	Lost	1	S MOTHER'S MAIL	DEN NAME Firs	it	Mi	ddle		Lost	
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1	₹ □ OR CONTRIBUTING □ CAUSE O	FORATH HOUR A.M	Month Doy Year		OTT NEIGHT OCCUP	WEN TEHNOL S	wide of life	MILCOLL DE	on zj m	011 70.)		
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1		23b DATE	23c NAME OF	CEMETERY OR	CREMATORY		23d. LOCATIO	N (City or Tow	n)	(County)	(Stote)	=
	But Moy A (Pecty)	11/23/68	St. Dar	iel (Ceme ter			ay Que	een	Anne*	SMD.	
	24 FUNERAL DIRECTOR	·w	ADDRESS		2	SS. RECD BY	REGISTRAR	35b. REGI	STRAR'S	IGNATURE	Lak	
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MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15891 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First 2a DATE KNOWNTX Month (Type or Print) OF ESTI-William Henry Thompson Jr. 3.30 Page DEATH MATED 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 2c. DATE PRONOLINGED DEAD 2d HOJR White Ma le Feb.19,1924 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland U.S.A. DIVORCED (A) Dorchester WIDOWED | ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done | 12b. KIND OF BUSINESS OR give street address) Restaurante, exempletred to NOLSTRY Cambridge Cambridge Hosp. 13d ANSIDE CTY LIM-TS? 13e. STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived if institution. Residence before 13c CITY OR 70WN odmission) Marvland 13 Dorchester Golden HillYES IN IX Rural 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Henry Thompson, Sr. Mamie Rav Burgess 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 1226 Pinecrestadousrcle 20910 (Yes, no, ar unknown) Yes Mrs.W.H.Packett, Silver Spring, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (t).)
PART I DEATH WAS CAUSED BY
R11 1 7 A TO certificate should be executed BETWEEN ONSET AND DEATH CAUSED BY Bulle t wound brain 20, in . DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove nse ta immediate cause (a). DUF TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES NO X 210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) PRIMARY A OR CONTRIBUTING 11/ 18 19 68 Shot self 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street. 21f LOCATION Street or R.F.D. No. Crty or Town County State factory, affice building, etc.)
E.S.S. Hospita 1 AT WORK AT WORK Dor. Md . Cambridge 22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection 13. Inquiry XX and in my apinian death resulted fram: Natural causes , Accident , Suicide X, Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO **EXAMINER** 5 may TO FUNE Health John Mace Jr. ADDRESS(Street, city, tawn, or county) 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Nov. 21, 1968 Fast New Market Cometery Fast New Market, Md Burial UNERAL DIRECTOR Cambillage. Md.



I	Tem 8 Fil	mG407	12/3/6 DIVISION	8 Icic MARYLAN OF VITAL RECORDS,	ID STATE D	EPARTM	ENT OF H	EALTH	MADVIAND	21201		-
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13a adn	USUAL RESIDENCE (DISSION) STATE Ma	Where deceos	ed lived, it ins	titution Residence before Dorchester	Cambri		13d. Inside city liv	13	e STREET AND N 311 By	UMBER	Street	
14.	FATHER S NAME	Rober	t J	Todd		MOTHER'S MA	IDEN NAME FI	^{rst} lary	?	Middle To	Vroten	Last
160	. WAS DECEASED EVE Yes, no, or unknown) Yes	(If yes give w	or pridates of service	16b. SOCIAL SECURITY 214-10-05	Le Le	ormant Compte	e Funer	ral S	Service	Address recor		IMATE INFERVAL
	Conditions, if any, rise to immediat stating the under last.	which gave a couse (a), (lying couse)	TE CAUSE (o) _ DUE TO, (b) _ DUE TO, (c) _	OR AS A CONSEQUENCE OF		HE TERMINAL	DISEASE ORCC	ONDITION	GIVEN IN PART II	(o)		DISET AND GRAIN
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MEDICAL CE	2 To. ACCIDENT WA	CAUSE OF DEAT	H HOUR A		21c HOV	INJURY OCCI	URRED (Enter	noture of	injury in Port 1	or Part 2, I	ltem 18.}	
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]	BUR AL, (REMATION REMOVAL Specify)	No. 1	v 18 19	968 Dorche	CEMETERY OR CO	morial		C	cation (thy or I ambridg	e, Ma	(County) aryland	(State)
24.	FUNERAL DIRECTOR Le Compte	Funera	l Servi	ADDRESS Loe, Cambrid	lge, Mar	yland	25d (RECID BY	REGISTR	AR C 2Sb/R	EGISTRAR 5	SIGNATURE	3



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		15878	DIVISION OF			TON STREET, I		E, MARYLAND 212	:01	1589	3
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		(ype or print)					20.1	Manth	Doy	Yeor	25 HOUR P
	3. SE	CATHE	4 RACE	MA RTIN		DATE OF BIRTH	l	NOVEMBER 6. AGE (In year	12	JNOER I YEAR I	F UNGER 24 HRS.
	J. 31	***				4-21-21		last birthday) MON		HOURS MIN.
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			give st	reet address) STERN SHOR	E STATE	Hose duri	ng mast of v	varking life, even if ret	ired.)	INDUSTRY	3114233 (7)(
	13o.	AMBRIDGE USUAL RESIDENCE (Where deceos	sed fived, if institution	n- Residence befare	13c CITY OR TO		E CITY L MITS?	13e STREET AND NUMI			
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í		Eowin		MARTIN	м	ARTHA			BAG	WELL	
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	Ľ	(II yes give v		213-12-575	52 REC	ORDS OF	THE EA	STERN SHOR	E STA		
		18. CAUSE OF DEATH (Enter on	ly one cause per line	e for (a), (b), and (c).)		_	1			APPROX.MA BETWEEN ONS	
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X	CERTIFICATION	The part of the case of	CONDITION ON WITH	on a thing on the a	11 015111,00		10 🖂	CAUSES OF DEATH?		DELICE IV ONE	
3	CERT	210 ACCIDENT WAS UNDERLYIN	NG 215 TIME OF	INJURY	T21c, HOW			I of injury in Part 1 or 1	Port 2, Item	18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	Month Doy Year						,	
	MED	21d. INJURY OCCURRED 21e.	PLACE OF INSURY /	AT HOME, FARM, STREET, FACT		TION Street or R.F.	D, No	City or Town	C	ounty	State
		While Not while at work	,	OFFICE BUILDING, ETC.	1						
		220 I certify that (I) (the saw the deceased of	is h <mark>aspital) atte</mark>	nded the deceose	ed from		19	ta_11_[13	1, 196	<u>B</u> , that (l) (we) last
		saw the deceased of causes stated obay	nive on	did not vious the h	9 <u>68</u> , and t	hat in (my) (aui	r) opinion o	death occurred on t	he date o	and hour or	nd from the
		22b. SIGNATURE	e, (I) (We) (ala) (did nui) view ille i	body differ dec	1111,			22c. DATE	SIGNED	
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,		22d. PHYSICIAN'S	, nu C	¥=0		22e ADDRESS	- DIRECTOR	- 11110.			
1		NAME (Type) FAR	UK U	ZER		EASTE	RM_SHO	RE STATE H	OSPIT	AL	
	23/	BURIAL, CREMAZION, 23b	DATE	V -	CEMETERY OR-SR	EMATORY	23d	LOCATION (City or Tow	1	County)/	(State)
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	24.	FUNERAL DIRECTOR	10100	ADDRESS		フトー	EC'D BY REGI		STRARS SIGI	NATURE	of the
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Miles Asbury Wingate JEATH MATED X 11/11/68 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (in years by Dimber) F UNDER 14 RES F UNDER 14 RES AMONTHS DAYS HOURS MIN. Month 11 Day 13 Year 68 Male White 11/27/1892 76 78s. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH DOY Chester To. BIRTHPLACE (Store or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH DOY Chester To. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSIN Crapo 13b. COUNTY OF TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER JEACH MATED X 11/11/68 11/11/68 11/11/68 11/11/68 11/11/68 Male White 11/27/1892 76 78s. MOWING DAYS MOWING DAYS MOWN 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) INDUSTRY Water man 13b. COUNTY DOY Chester Crapo YES NO (County Doy Chester YES	2d. HOUR
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odmission) STATE Md. 13b. (OUNTY Dorchester Creno YES NO E	
14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	
William T. Wingate Abijah Lewis	3
WILLIAM T. Wingate Abijah Lowi	
Tes WWI 219-14-4130 Mrs. Henry Bradford Crapo Md.	
APPROXIMATE II BETWEEN ONSET A BETWEEN	
IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO, OR AS A CONSEQUENCE OF OUE TO, OR AS A CONSEQUENCE OF	
IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) (b)	
rise to immediate cause (a), (b). Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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WANTE WORK TO COUNTY 27	State
	opinior
22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inspec	Op.iiio.
S E E CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE SIGNATURE 122b. DATE SIGNED	
SIGNATURE SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER XX 12/15/68 ADDRESS(Street, city, town, or county)	
O o e E e o	
Burlai" 11/16/68 Wingate Family Cemetery Wingate Dorchester 24. EUNERAL DIRECTOR ADDRESS 1250. REC'D BY REGISTRAR 1250. REGIS	Md.
VR A15ME IS DAIDEC 20 1968 Schools Judge Md. 21613 DAIDEC 20 1968 Schools Judge	

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